

BALLAST WATER REPORTING FORM

1. VESSEL INFORMATION

Vessel Name:	Type:	IMO Number:	Specify units: m ³ , MT, LT, ST
Owner:	GT:	Call Sign:	Total Ballast Water on Board:
Flag:	Arrival Date:	Agent:	
Last Port and Country:		Arrival Port:	Total Ballast Water Capacity:
Next Port and Country:			

2. BALLAST WATER

3. BALLAST WATER TANKS BALLAST WATER MANAGEMENT PLAN ON BOARDS YES ____ NO ____ MANAGEMENT PLAN IMPLEMENTED? YES ____ NO ____

TOTAL NO. OF TANKS ON BOARD ____ NO. OF TANKS IN BALLAST ____ **IF NONE IN BALLAST, GO TO NO. 5.**

NO. OF TANKS EXCHANGED ____ NO. OF TANKS NOT EXCHANGED ____

4. BALLAST WATER HISTORY: RECORD ALL TANKS THAT WILL BE DEBALLASTED IN PORT STATE OF ARRIVAL; IF NONE GO TO NO. 5.

Tanks/Holds (List multiple sources/tank separately)	BW SOURCE				BW EXCHANGE circle one: Empty/Refill or Flow Through					BW DISCHARGE			
	DATE DDMMYY	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DDMMYY	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch.	SEA Hgt. (m)	DATE DDMMYY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, O = Other

IF EXCHANGES WERE NOT CONDUCTED, STATE OTHER CONTROL ACTION(S) TAKEN: _____

IF NONE, STATE REASON WHY NOT: _____

5. IMO BALLAST WATER GUIDELINES ON BOARD (IMO RES. A.868(20))? YES ____ NO ____

RESPONSIBLE OFFICER'S NAME AND TITLE (PRINTED) AND SIGNATURE: _____